

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042670

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

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STATE FILE NUMBER

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

WAYNE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ST. FRANCIS - TWP.

Length of stay in 1b

IN ROUTE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

HIGHWAY 67 JCT. HIGHWAY D.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

MO

b. COUNTY

ST. LOUIS

admission)

c. CITY

OR

WEBSTER GROVE

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

7864 1/2 BIG BEND

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

CHARLES EDWARD TAYLOR

DATE

Month

Day

Year

OF

DEATH

NOV. 2 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-6-1900

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETAIL SALES PROMOTIONS

10b. KIND OF BUSINESS OR INDUSTRY

NATIONAL SALES SYSTEM

11. BIRTHPLACE (City and state or country)

JONESBURG MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

NATHAN OGLESBY TAYLOR

13b. MOTHER'S MAIDEN NAME

LAURA SUE WILSON

14. NAME OF HUSBAND OR WIFE

PAULINE TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

PAULINE TAYLOR

Address

7864 1/2 Big Bend St. Louis Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple lacerations, abrasions

INTERVAL BETWEEN ONSET AND DEATH

instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

and Fractures of Head, chest

DUE TO (c)

and legs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car turned over and went into ditch

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

4:00

11-2-1963

Single Car Accident

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)

Hwy. 67 and County D

20f. CITY, TOWN, OR LOCATION

Near Greenville

20g. COUNTY

Wayne

20h. STATE

Mo.

21. I attended the deceased from

Death occurred at

4:00 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marvin E. Soules

Coroner

22b. ADDRESS

Riedmont, Mo

22c. DATE SIGNED

11-3-1963

23a. REMOVAL (Specify)

REMOVAL

23b. DATE

NOV. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

STEELVILLE CEM.

23d. LOCATION (City, town, or county)

STEELVILLE, Mo.

(State)

24. FUNERAL DIRECTOR

ALBERT FUNERAL HOME

ADDRESS

STEELVILLE

25. DATE RECD. BY LOCAL REG.

11-5-63

26. REGISTRAR'S SIGNATURE

Velia M. Ware

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

NOV 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Norman W. Gish

Licensed Embalmer No.

3387

P. O. Address

Farmington Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.